Midwest Family Service Referral Form

RUAH COMMUNITY SERVICES

The Midwest Family Service provides healing and recovery support for women and children affected by Family, Domestic and Sexual Violence. This is not a crisis service. Please refer accordingly.

MANDATORY ELIGIBILITY CRITERIA:

- ☐ Identifies as a woman
- ☐ Is currently safe / not in immediate risk of harm
- ☐ Does not require emergency accommodation
- ☐ Is 18 years or older
- ☐ Is affected by Family and Domestic Violence

MANDATORY CONSENT DISCLOSURES:

- ☐ The referred is aware of and has given consent for this referral to be completed
- ☐ The referred has given consent for the release of their information to Ruah
- ☐ The referred has given consent for Ruah to contact them

REFERRER INFORMATION

Referrer Name:

Referrer Organisation:

Referrer Profession:

Referrer Phone Number:

Referrer Email:

CLIENT INFORMATION

Client First Name:

Client Last Name:

Client Preferred Name:

Client Date of Birth:

Client Phone Number:

Client Email:

Does the client require an interpreter?

☐ No ☐ Yes If yes, please add languages required

Everyone, regardless of ability, age, culture, gender, race, sexual identity, or intersex status are free to be themselves. Free to celebrate our differences. We are building a workplace where difference is embraced and encouraged.

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SUPPORT REQUIRED

- [ ] Alcohol and drug support
- [ ] Counselling
- [ ] Dental service
- [ ] Financial counselling
- [ ] Healing and recovery programs
- [ ] Legal advice
- [ ] Medical practice
- [ ] Peer support
- [ ] Other / Not Sure

REASON FOR REFERRAL

(Please provide a brief description of your client's current circumstances and reason for referral)

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